

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 532198

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6		I				
7	C	C				
8		I				
9	C	C				
10		I				
11		I				
12		I				
13		I				
14		I				
15		I				
16		I				
17	C	C				
18		I				
19		I				
20		I				
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27	X					
28						
29						
30						
31						
32						
33						
34						
35						
36						
37		I				
38		I				
39		I				
40		I				
41		I				
42		I				
43		I				
44		I				
45		I				
46		I				
47		I				
48	X					
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63		I				
64		I				
65		I				
66		I				
67		I				
68		I				
69		I				
70		I				
71		I				
72		I				
73		I				
74		I				
75		I				
76		I				
77		I				
78		I				
79		I				
80		I				
81		I				
82		I				
83		I				
84		I				
85		I				
86		I				
87		I				
88		I				
89		I				
90		I				
91		I				
92		I				
93		I				
94		I				
95		I				
96		I				
97		I				
98		I				
99		I				
100		I				
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	47	←		←		←
TOTAL CLAIMS	56					